Image# 14952952970 PAGE 1 / 59

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Off	fice Use Only	
	NAME O COMMIT	F TEE (in full)	TYPE OR F	PRINT ▼		mple: If typi r the lines.	ng, type	12FE	4M5		
Pr	otectin	g Choice in (California,	a project c	of Plann	ed Paren	thood Af	filiates	of Cali	fornia	1
ADD	RESS (no	umber and street)	555 Capi	ol Mall, Suite 14	25						
П		ck if different									
		previously rted. (ACC)	Sacrame	nto				CA		95814	
2.	FEC IDE	ENTIFICATION N	NUMBER ▼		CITY 🛦			STATE	\	ZIP CC	DDE 🛦
	C	00556860		3.	IS THIS REPORT		NEW (N) OR	×	AMENI (A)	DED	
4.	TYPE (OF REPORT	(b) Mon Rep Due	ort III	eb 20 (M2)		May 20 (M5		Aug 20 (Nov 20 (M11) (Non-Election Year Only)
	(a) Quar	rterly Reports:			ar 20 (M3)		Jun 20 (M6)	Ц	Sep 20 (Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report	(Q1) (Q1)		pr 20 (M4)		Jul 20 (M7)		Oct 20 (Jan 31 (YE)
		July 15 Quarterly Report	(Q2) (c)	12-Day PRE-Election	H	Primary (12F			neral (120		Runoff (12R)
		October 15 Quarterly Report	(Q3)	Report for the:	ш	Convention ((120)	Sp	ecial (12S))	
	_	January 31 Year-End Report		Elec	tion on	11 /	04	2014	4	in the State	of CA
		July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d)	30-Day POST-Election Report for the:		General (300	G)	Ru	noff (30R)		Special (30S)
		Termination Repo (TER)	rt	·	tion on	M = M /	D	Y	Y	in the State of	of
5.	Covering		10 01	2014	Y	through	10	/ D		2014	
I cei	rtify that I	have examined	this Report a	nd to the best	of my kno	wledge and	belief it is t	rue, corre	ct and co	mplete.	
Туре	or Print	Name of Treasur	rer Kathleen	Cogan							
Sign	ature of	Treasurer Kan	thleen Cogan			[Electronicall	y Filed]	Date	M M /	02	2014
NOT	E: Submis	ssion of false, erro	oneous, or inco	omplete informat	ion may sı	ubject the per	son signing	this Repo	rt to the p	enalties of 2	U.S.C. §437g.
	Offi Us On	se								FEC FOF Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

10 2014 10 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 105901.09 January 1. 2014 (b) Cash on Hand at 166609.94 Beginning of Reporting Period..... 408487.48 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 166609.94 514388.57 6(a) and 6(c) for Column B)..... 141831.79 383709.33 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 24778.15 24778.15 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 32892.68 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: 10	01 2014 COLUMN A	To: 10 15 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		'
(a) Individuals/Persons Other		
Than Political Committees	0.00	225680.00
(i) Itemized (use Schedule A)	0.00	22000.00
(ii) Unitemized(iii) TOTAL (add	0.00	435.00
Lines 11(a)(i) and (ii)	0.00	226115.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	162186.09
(such as PACs)		102100.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0.00	388301.09
Totals to Line 33, page 5)	3.00	
Party Committees	0.00	0.00
_		
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	20186.39
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
-		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	408487.48
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	0.00	408487.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Operating Expenditures: (a) Allocated Federal/Non-Federal		Culcilidai Teal-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) New Fordayal Oberra	0.00	0.00				
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00				
Expenditures	40423.97	213719.45				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b)) ▶	40423.97	213719.45				
Transfers to Affiliated/Other Party	0.00	0.00				
Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	0.00	0.00				
Independent Expenditures						
(use Schedule E)	83360.69	121338.81				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
(a) Individuals/Persons Other	0.00	0.00				
Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Disbursements	18047.13	48651.07				
Fodoval Floation Activity (0.11.0.0. \$401/00)\						
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(*) W · · · · · O	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7				
With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add						
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Dishumanmants (add Lines 04/1), 00						
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	141831.79	202700 00				
20, 21, 20, 20, 21, 20(a), 23 and 00(b))	141031.79	383709.33				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	141831.79	383709.33				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	388301.09
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	388301.09
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	40423.97	213719.45
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	20186.39
8. Net Operating Expenditures (subtract Line 37 from Line 36)	40423.97	193533.06

SCHEDULE B (FE	C Form 3X)									OF 59				
ITEMIZED DISBURS	SEMENTS		arate schedule(s) category of the	(ched	ck only	one)		_	¬ '					
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Any information copied from or for commercial purposes,														
NAME OF COMMITTEE (n Full)													
Protecting Choice	in California, a p	roject o	of Planned P	arenth	ood <i>i</i>	Affiliate	es of (Calif	fornia					
Full Name (Last, First, Mic	,					B (B)								
A. AMS Communica	tions, Inc.					Date of Disbursement								
Mailing Address 500 Sans	ome Street, Suite 404					10 02 2014								
City	Ś	State	Zip Code			Trans	saction	ID · E	XPB429	,				
San Francisco		CA	94111			ITalis	saction	ID . L	.XI D423	,				
Purpose of Disbursement Mailers Non Federal Expe	nse			004		Amoun	t of Ead	h Dis	sbursem	ent this	Period			
Candidate Name				Catego						1431	5.00			
Office Sought: Ho	use Disbursen	nent For:		Туре	•		- 1	_	7					
•	nate	Primary	General											
Pre	esident	Other (spe	ecify) 🔻											
State: District:														
Full Name (Last, First, Mic	•					D-A-	f Diale							
B. AMS Communica	tions, Inc.					Date o	f Disbur			V - ··	V			
Mailing Address 500 Sans	some Street, Suite 404					10	/ D	03	/ Y	2014	Υ			
City		State	Zip Code				4*		VPP ::					
San Francisco		CA	94111]	Trans	saction	טו: E	XPB413	5				
Purpose of Disbursement Offset for independent ex	penditure paid in prior per	iod; dissem	ninated in	244	一	Amour	t of Eas	h Di	churcom	ant thic	Dariad			
Candidate Name		.,		24A		AIIIOUN	ı oı ⊏a0	אם ווי	sbursem	eni tilis	i- enou			
				Catego Type			7		- 7	-505	5.00			
Office Sought: Ho	use Disbursen	nent For:												
	nate	Primary	General											
State: District:	esident	Other (spe	ecity) 🔻											
Full Name (Last, First, Mid	Idle Initial)													
c. AMS Communication	,					Date o	f Disbur	seme	ent					
						M = M	/ D	■ D	/ Y	YY	Y			
Mailing Address 500 Sans	ome Street, Suite 404					10	J L	03		2014				
City	Ş	State	Zip Code			T	20041	ID - 5	VDD 447					
San Francisco		CA	94111			ıran	saction	טו: E	XPB412	2				
Purpose of Disbursement Offset for independent exp	penditure paid in prior peri	od; dissem	inated in	24E			–							
Current period Candidate Name						Amoun	t of Ead	n Dis	sbursem	ent this	Period			
				Catego Type						-1011	0.00			
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SCHEDULE B (FEC Form 3X)	Harri	make asked to ()	FOR LINE		PAGE	7 O	F 59				
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NAME OF COMMITTEE (In Full)	roiget of	Dlannad D	aranthaad	Λffilioto:	of Calif	ornio					
Protecting Choice in California, a p	i oject oi	riaillieu Pi	ar e ritri000	Aiiiiale		UIIIId					
Full Name (Last, First, Middle Initial)				Date of	Dishursama	nt					
A. AMS Communications, Inc.				Date of Disbursement							
Mailing Address 500 Sansome Street, Suite 404				10 07 2014							
,	State	Zip Code		Transa	action ID : E	XPB430					
San Francisco Purpose of Disbursement	CA	94111		-	10tion 12 . L	XI D-100					
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Candidate Name			Category/				14315.	00			
Office Sought: House Disbursem	ont For		Туре		7	7	14010.	00			
	Primary	General									
President	Other (spec	eify) ▼									
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Full Name (Last, First, Middle Initial) B. Blueprint Interactive				Data of	Disburseme	nt					
B. Blueprint Interactive				M M	/ D D		Y	V			
Mailing Address 1155 Connecticut Avenue, NW Suite 601				10	05		014				
•	State DC	Zip Code		Trans	action ID : E	XPB392					
Washington Purpose of Disbursement	DC	20036		-							
Offset for independent expenditure paid in prior peri	od; dissemir	nated in	24A	Amount	of Each Dis	bursement	t this P	'eriod			
Candidate Name			Category/				-6000	.00			
Office Sought: House Disbursem	ent For:		Туре	-	,	- 1					
	Primary	General									
President	Other (spec	ify) 🔻									
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Full Name (Last, First, Middle Initial)				Date of	Disburseme	nt					
C. Blueprint Interactive				M M	/ D D		Y	Υ			
Mailing Address 1155 Connecticut Avenue, NW Suite 601				10	05		014				
•	State	Zip Code		Trans	action ID : E	XPB393					
Washington Purpose of Disbursement	DC	20036		-							
Offset for independent expenditure paid in prior perio	od; dissemir	nated in	24A	Amount	of Each Dis	bursement	t this P	eriod			
Candidate Name			Category/				-6000.	00			
Office Sought: House Disbursem	ent For		Туре		-	7	0000.				
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Form/Schedule: SB21B Transaction ID: EXPB392

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		Primary	General												
	President State: District:	Other (spe	CITY)												
_	Full Name (Last, First, Middle Initial)						Data	- (D							
C.	Planned Parenthood Affiliates of Ca	alifornia	l				Date	OI D	isburs						
	Mailing Address 555 Capitol Mall, Suite 510						м 1))	()1	/ Y	2014	" Y		
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	Senate	Primary	General												
		Other (spe	cify) 🔻												
_	State: District:														
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S	CHEDULE B (FEC Form 3X)								OF	59					
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\setminus	NAME OF COMMITTEE (In Full)														
	Protecting Choice in California, a p	roject o	f Planned P	arentl	ho	od /	Affiliates of California								
_	Full Name (Last, First, Middle Initial)						8. (8)								
Α.	Planned Parenthood Affiliates of Ca	alifornia	l				Date of Disbursement								
	Mailing Address 555 Capitol Mall, Suite 510						10 01 2014								
	•	State	Zip Code				Tra	near	tion II) · E	YPR	400			
	Sacramento Purpose of Disbursement	CA	95814				116	IIISau		٠. ١	-71 0	400			
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		Primary	General												
	President	Other (spe	cify) ▼												
_	State: District:														
Р	Full Name (Last, First, Middle Initial)						D-4-	-4 0	.:						
В.	Planned Parenthood Affiliates of Ca	alifornia					Date	OI L	isburs		ent				
	Mailing Address 555 Capitol Mall, Suite 510						1	0		01			2014	- Y	
	City	State	Zip Code				Tre	near	tion I	n · 1	EYDR	207			
	Sacramento	CA	95814				****	iiisac		٠.١		,551			
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	State: District:	Other (spe	City) \												
_	Full Name (Last, First, Middle Initial)														
C.	Planned Parenthood Affiliates of Ca	alifornia	l				Date	of D	isburs	eme	ent				
	M. W. A.I.						М	M		D	/		γ γ	Υ	1
	Mailing Address 555 Capitol Mall, Suite 510						1	U		01	ш	2	2014	-	
	City	State	Zip Code				Т.,,		tion II	n . 1	-VDD	101			
		CA	95814				ıra	insac	tion II	ו: ע	EXPB	54UT			
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	Office Sought: House Disbursen	nent For:	I				7		,						
		Primary	General												
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г	State: District:														
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SC	CHEDULE B (FEC Form 3X)	FEC Form 3X) FOR LINE NUMBER: PAGE 11 OF 59							OF 59						
ITI	EMIZED DISBURSEMENTS	Use separate for each cate		(check	-	one)				_					
		Detailed Sum			21b	22	23		24	25	26				
_					27	28a	28b		28c	29	30b				
	y information copied from such Reports and Staten for commercial purposes, other than using the nam														
	NAME OF COMMITTEE (In Full)														
	Protecting Choice in California, a p	roject of Pla	anned Pa	rentho	od A	Affiliates of California									
_	Full Name (Last, First, Middle Initial)					5. (5:1									
	Planned Parenthood Affiliates of Ca	alifornia				Date of Disbursement									
	Mailing Address 555 Capitol Mall, Suite 510					10 02 2014									
	•		Code			Trans	action II) : EXI	PB433						
	Sacramento Purpose of Disbursement	CA 95	814												
	Staff Time,Off. Expenses,Travel,Campaign Consulti	ng for Field Prog	gram Non	007		Amoun	t of Each	Disbu	ursemei	nt this	Period				
	Candidate Name			Category Type	y/				,	3495	5.75				
	Office Sought: House Disbursen Senate	nent For: Primary	General												
	President State: District:	Other (specify)	▼												
	Full Name (Last, First, Middle Initial)														
B.	Political Data, Inc.					Date of	Disburs			V V	V				
	Mailing Address P.O. Box 59570					10 01 2014									
	City Norwalk		Code 0652			Trans	action II	PB402							
	Purpose of Disbursement Data File for Phone Banking Non Federal Expense			005		Amoun	t of Each	n Disbu	ursemei	nt this	Period				
	Candidate Name			Category	y/		. ,		7	407	7.00				
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	Mailing Address P.O. Box 59570					10		07	2	2014					
	,		Code 652			Trans	action II	D : EX	PB432						
	Purpose of Disbursement				$\overline{}$										
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	Candidate Name			Category Type	y/				40 1	8750	0.00				
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		Primary	General												
		Other (specify)	▼												
	State: District:														
s	JBTOTAL of Disbursements This Page (optional)				•				,	16322	2.75				
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S	CHEDULE B (FEC Form 3X)				LINE NUMBER: PAGE 12									
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	Mailing Address 1570 Prospect Avenue				10	0	1	201	4					
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	Mailing Address 555 Capitol Mall, Suite 510		10 02 2014															
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В.	Planned Parenthood Affiliates of Ca	alifornia	a						isburse									
	Mailing Address 555 Capitol Mall, Suite 510						10			2	/ Y	2014	Y					
	City S Sacramento	State CA	Zip Code 95814				Tra	nsac	tion ID	: E	KPB353	3						
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 14 OF 59
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NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a	project of Planned Pa	arenthood /	Affiliates of Califor	nia
Full Name (Last, First, Middle Initial)	S 116 1		Data of Dishurasment	
A. Planned Parenthood Affiliates of (California		Date of Disbursement	Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510			10 02	2014
City	State Zip Code		Transaction ID : EXP	R349
Sacramento	CA 95814		Transaction ib . Exi	5543
Purpose of Disbursement Non Monetary Donation to Planned Parenthood A Southwest (ID #C90011412)	ction Fund of the Pacific	012	Amount of Each Disbu	rsement this Period
Candidate Name		Category/ Type		160.81
Office Sought: House Disburse	ement For:		,	
Senate	Primary General			
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Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of (Dalifa maia		Date of Disbursement	
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Mailing Address 555 Capitol Mall, Suite 510			10 02	2014
City	State Zip Code		T (' 15 EVE	
Sacramento	CA 95814		Transaction ID : EXF	'B341
Purpose of Disbursement Non Monetary Donation to Planned Parenthood A	ction Fund of the Pacific	200		
Southwest (ID #C000114112) Candidate Name	CHOITT GITG OF THE F ACITIC	012	Amount of Each Disbu	rsement this Period
Candidate Name		Category/ Type		8583.33
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Senate	Primary General			
President	Other (specify) ▼			
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Full Name (Last, First, Middle Initial)				
C. Planned Parenthood Affiliates of C	California		Date of Disbursement	
Mailing Address FFF Our Vol Mall Out 1540			M M / D D /	2014
Mailing Address 555 Capitol Mall, Suite 510			10 02	2014
City	State Zip Code		T (' ID EVE	.DO.45
Sacramento	CA 95814		Transaction ID : EXF	'B345
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Southwest (ID #C90011412)	CHOITT GITG OF THE T GOING	012	Amount of Each Disbu	rsement this Period
Candidate Name		Category/ Type		397.63
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President	Other (specify) ▼			
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		PAGE 15 OF 59				
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A. Planned Parenthood Affiliates of C	California				f Disburseme	
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Senate	Primary	General				
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Full Name (Last, First, Middle Initial)						
Planned Parenthood Affiliates of C	California			Date o	f Disburseme	ent
Mailing Address 555 Capitol Mall, Suite 510				10	02	2014
City Sacramento		Code 5814		Trans	saction ID : I	EXPB343
Purpose of Disbursement Non Monetary Donation to Planned Parenthood Ad	ction Fund of the	Pacific	012	Amoun	t of Each Di	sbursement this Period
Southwest (ID #C00011412) Candidate Name				Amoun	it of Each Di	Spursement this Period
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C. Planned Parenthood Affiliates of C	California			Date o	f Disburseme	ent
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Mailing Address 555 Capitol Mall, Suite 510				10	02	2014
City		Code		Trans	saction ID : I	EXPB359
Sacramento Purpose of Disbursement	CA 95	5814		_		
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^	Full Name (Last, First, Middle Initial)				Data of Diahu			
A.	Political Data, Inc.				Date of Disbu			
	Mailing Address P.O. Box 59570				10	07 2014		
	City	State	Zip Code		Transaction	ID : EXPB387		
	Norwalk Purpose of Disbursement	CA	90652		Transaction	ID . EXT BOOT		
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В.	Political Data, Inc.				Date of Disbu	rsement		
	Mailing Address P.O. Box 59570				10 /	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Walling Address P.O. Box 59570				10	07 2014		
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	(ID#Conno7311) Candidate Name			Category/		0407.50		
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	Mailing Address P.O. Box 59570				10 /	07 2014		
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	,	State	Zip Code		Transaction	ID : EXPB388		
	Norwalk Purpose of Disbursement	CA	90652			2000		
	Non Monetary Donation to Planned Parenthood Act	ion Fund of	the Pacific	012	Amount of Fo	ch Disbursement this Period		
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		PAGE 17 OF 59		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
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Any information copied from such Reports and State	ments may not be sold or us			
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NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a	project of Planned Pa	arenthood A	Affiliates of Ca	llifornia
Full Name (Last, First, Middle Initial)				
A. Wagaman Strategies			Date of Disburser	ment
Mailing Address 886 Metal Lane			10 02	
			10 02	2014
City	State Zip Code		Transaction ID	: EXPB335
West Sacramento Purpose of Disbursement	CA 95691			
Non Monetary Donation to Planned Parenthood A	ction Fund of the Pacific	012	Amount of Each I	Disbursement this Period
Candidate Name		Category/		187.50
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President	Other (specify) ▼			
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Mailing Address 886 Metal Lane			10 02	
City	State Zip Code		Transaction ID	· EVDD227
West Sacramento Purpose of Disbursement	CA 95691		Transaction ib	. EXI BOOT
Non Monetary Donation to Planned Parenthood A	dvocates Mar Monte (ID	012	Amount of Each I	Disbursement this Period
#Cannor311\ Candidate Name		Category/		00.50
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C. Wagaman Strategies			Date of Disburser	
Mailing Address 886 Metal Lane			10 02	
City	Chaha Zia Cada			
City West Sacramento	State Zip Code CA 95691		Transaction ID	: EXPB406
Purpose of Disbursement Non Monetary Donation to We Vote Nosotros Vot	amos (ID #C00527226)			
Candidate Name	dinos (1D #000321220)	011	Amount of Each I	Disbursement this Period
Canadate Name		Category/ Type		62.50
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Excluding Loans

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailer AMS Communications, Inc. Mailing Address 500 Sansome Street, Suite 404 City State Zip Code CA San Francisco 94111 Transaction ID: PAYD282 Outstanding Balance Beginning This Period 15165.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15165.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling; 9/1-9/30 Lake Research Partners, Inc. Mailing Address 1726 M Street, NW, Suite 100 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: PAYD108 1533.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1533.75 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling; 9/1-9/30 Lake Research Partners, Inc. Mailing Address 1726 M Street, NW, Suite 100 City State Zip Code Washington DC 20036 Transaction ID: PAYD122 Outstanding Balance Beginning This Period 1533.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1533.75 0.00 3067.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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19 OF

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling: Costs to be reimbursed by Planned Lake Research Partners, Inc. Parenthood Action Fund Pacific Southwest Mailing Address 1726 M Street, NW, Suite 100 State Zip Code DC Washington 20036 Transaction ID: PAYD257 Outstanding Balance Beginning This Period 6135.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 6135.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Research; 9/1 - 9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD295 9396.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 9396.20 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Research; 9/1-9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD110 Outstanding Balance Beginning This Period 481.47 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 481.47 6135.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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20 OF

X 10 NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Internet for Field Office: 9/1-9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD111 Outstanding Balance Beginning This Period 62.68 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 62.68 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD115 3684.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2664.36 1019.99 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD118 Outstanding Balance Beginning This Period 899.57 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 509.49 390.08 0.00 3054.44 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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AME OF COMMITTEE (In Full)	•	
Protecting Choice in California, a pro	ject of Planned Parenthood A	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Planned Parenthood Affiliates of	Research; 9/1 - 9/30	
Mailing Address 555 Capitol Mall, Suite 510		_
Mailing Address 555 Capitol Mall, Suite 510		
City State	Zip Code	
Sacramento	CA 95814	Transaction ID DAYDOO
Outstanding Balance Beginning This Period		Transaction ID : PAYD296
9396.20		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	9396.20	0.00
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):
Planned Parenthood Affiliates of	California	Staff Time and Travel for Research; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510		
City State	Zip Code	
Sacramento	CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD123
481.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	481.46	0.00
0.00		
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510		_
City	State Zip Code	
Sacramento	CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD124
3684.34		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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Excluding Loans

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,	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California		
	9/30		
oso capito maii, caite cite			
City State Sacramento	Zip Code CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD125	
899.57			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	509.48	390.09	
B. Full Name (Last, First, Middle Initial) of Debtor of		Nature of Debt (Purpose):	
Planned Parenthood Affiliates of	California	Internet for Field Office; 9/1-9/30	
Mailing Address 555 Capitol Mall, Suite 510		_	
City State	Zip Code	_	
Sacramento	CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD127	
62.69			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	62.69	0.00	
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		Nature of Debt (Purpose): Online Voter Guide	
	California		
Mailing Address 555 Capitol Mall, Suite 510			
City	State Zip Code		
	CA 95814		
Sacramento			
Outstanding Balance Beginning This Period		Transaction ID : PAYD262	
		Transaction ID: PAYD262	
Outstanding Balance Beginning This Period	Payment This Period		
Outstanding Balance Beginning This Period			
Outstanding Balance Beginning This Period 19.80 Amount Incurred This Period	Payment This Period 19.80	Outstanding Balance at Close of This Perio	
Outstanding Balance Beginning This Period 19.80 Amount Incurred This Period 0.00	Payment This Period 19.80	Outstanding Balance at Close of This Period	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 23 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Protecting Choice in C	California, a pr	oject of Planned	Parenthood.	Affiliates of	California

A Full Name (Last First Middle Initial) of Debte	r or Craditor	Noture of Dobt (Burnocs):	
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): Non Monetary Donation to Planned		
Planned Parenthood Affiliates of	Parenthood Action Fund of the Pacific Southwest (ID #C90011412)		
Mailing Address 555 Capitol Mall, Suite 510			
City State	Zip Code	-	
Sacramento	CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD339	
9877.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1294.40	8583.33	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):	
Planned Parenthood Affiliates of	California	Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Mailing Address 555 Capitol Mall, Suite 510			
City State	Zip Code		
Sacramento	CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD340	
9877.73			
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
0.00	9877.73	0.00	
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose):	
Planned Parenthood Affiliates of	of California	Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Mailing Address 555 Capitol Mall, Suite 510		2333111301 (15 11 2000 1 1 T1 12)	
City	State Zip Code		
Sacramento	CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD460	
769.18			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	769.18	
1) SUBTOTALS This Period This Page (optional)		9352.51	
2) TOTALS This Period (last page this line number			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶		

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 24 OF 59 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a pro	ject of Planned Parenthood	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
Planned Parenthood Affiliates of	Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C90007311)	
Mailing Address 555 Capitol Mall, Suite 510		#090007311)
City State	Zip Code	
Sacramento	CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD461
214.07		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	214.07
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Planned Parenthood Affiliates of		Staff Time
Mailing Address 555 Capitol Mall, Suite 510		
City State	Zip Code	
Sacramento	CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD462
355.40		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	355.40
0.00	0.00	333.40
C. Full Name (Last, First, Middle Initial) of Debto Planned Parenthood Affiliates o		Nature of Debt (Purpose): Internet for Field Office; 10/1 - 10/15
Mailing Address 555 Capitol Mall, Suite 510		
City	State Zip Code	
Sacramento	CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD363
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
62.68	0.00	62.68
1) SUBTOTALS This Period This Page (optional)		632.15
2) TOTALS This Period (last page this line number	only)	
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 25 OF FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Internet for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD364 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62.69 62.69 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Supplies for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD365 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 54.14 0.00 54.14 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Supplies for Field Office; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD366 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 54.14 54.14 170.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 26 OF
FOR LINE NUMBER:
(check only one)

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Pro	E OF COMMITTEE (In Full) otecting Choice in California, a pro	oject of Pla	nned Parenthood	Affiliates of California
A	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time & Travel Expenses for Field Office; 10/1 - 10/15
M	Mailing Address 555 Capitol Mall, Suite 510			
	City State Sacramento	Zip Code CA	95814	
	Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD368
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	1224.79	,	0.00	1224.79
В	B. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15
	Planned Parenthood Affiliates of	r Calliornia		Crimic voter datas, 16/1 16/13
M	Mailing Address 555 Capitol Mall, Suite 510			
	City State	Zip Code	95814	
	Outstanding Polones Reginning This Period	CA	95614	Tanacastian ID - DAVD270
	Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD370
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	9.90
	9.90		0.00	7 7 7
C	E. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		7	Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15
	C. Full Name (Last, First, Middle Initial) of Debto		7	Nature of Debt (Purpose):
N	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		7	Nature of Debt (Purpose):
N	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period	of California	Zip Code	Nature of Debt (Purpose):
N	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period 0.00	State CA	Zip Code 95814	Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15 Transaction ID : PAYD371
N	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Outstanding Balance Beginning This Period	State CA	Zip Code	Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15
N C	Planned Parenthood Affiliates of Planned Parenthood Mall, Suite 510 Sity Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 9.90	State CA	Zip Code 95814 ment This Period	Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15 Transaction ID : PAYD371 Outstanding Balance at Close of This Period
1)	C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of Mailing Address 555 Capitol Mall, Suite 510 Sity Sacramento Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	State CA	Zip Code 95814 ment This Period	Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15 Transaction ID : PAYD371 Outstanding Balance at Close of This Period 9.90
1) :	Planned Parenthood Affiliates of Planned Parenthood Mailing Address 555 Capitol Mall, Suite 510 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 9.90 SUBTOTALS This Period This Page (optional)	State CA Pay	Zip Code 95814 ment This Period	Nature of Debt (Purpose): Online Voter Guide; 10/1 - 10/15 Transaction ID : PAYD371 Outstanding Balance at Close of This Period 9.90

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 27 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a pr	oject of Plar	nned Parenthood	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California			Nature of Debt (Purpose): Staff Time & Travel Expenses; 10/1 - 10/15
Mailing Address 555 Capitol Mall, Suite 510	Mailing Address 555 Capitol Mall, Suite 510		
City State Sacramento	Zip Code CA	95814	
Outstanding Balance Beginning This Period			Transaction ID : PAYD372
0.00			
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
1624.95		0.00	1624.95
B. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of			Nature of Debt (Purpose): Staff Time & Travel Expenses; 10/1 - 10/15
Flamed Farentinood Amiliates C	or Calliottila		
Mailing Address 555 Capitol Mall, Suite 510			
City State	Zip Code		
Sacramento	CA	95814	
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD373
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
1624.95		0.00	1624.95
C. Full Name (Last, First, Middle Initial) of Debt Planned Parenthood Affiliates		ı	Nature of Debt (Purpose): Staff Time for Field Office; 10/1 - 10/15
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	
Outstanding Balance Beginning This Period			Transaction ID : PAYD374
0.00			
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
1224.80	,	0.00	1224.80
1) SUBTOTALS This Period This Page (optional)			. 4474.70
2) TOTALS This Period (last page this line number	r only)	•	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page on	y)	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summar	y Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 28 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD518 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3.96 3.96 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Advocates Mar Monte (ID #C90007311) Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD519 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3.96 0.00 3.96 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Advocates Mar Monte (ID #C90007311) Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD555 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 153.13 153.13 161.05 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 29 OF
FOR LINE NUMBER:
(check only one)

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59

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD556 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 645.12 645.12 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time; 10/1 - 10/15 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD557 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 118.95 0.00 118.95 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1-Wagaman Strategies 9/30 Mailing Address 886 Metal Lane Zip Code City State West Sacramento 95691 CA Transaction ID: PAYD117 Outstanding Balance Beginning This Period 46.88 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 46.88 0.00 0.00 764.07 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 30 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1-Wagaman Strategies 9/30 Mailing Address 886 Metal Lane City State Zip Code West Sacramento CA 95691 Transaction ID: PAYD128 Outstanding Balance Beginning This Period 46.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 46.87 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Wagaman Strategies Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 886 Metal Lane City State Zip Code West Sacramento 95691 CA Outstanding Balance Beginning This Period Transaction ID: PAYD333 187.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 187.50 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Wagaman Strategies Parenthood Advocates Mar Monte (ID #C90007311) Mailing Address 886 Metal Lane Zip Code City State West Sacramento 95691 CA Transaction ID: PAYD334 Outstanding Balance Beginning This Period 62.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 62.50 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to We Vote Nosotros Wagaman Strategies Votamos (ID #C00527226) Mailing Address 886 Metal Lane State Zip Code West Sacramento 95691 Transaction ID: PAYD405 Outstanding Balance Beginning This Period 62.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 62.50 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting for Field Program; 10/1 - 10/15 Wagaman Strategies Mailing Address 886 Metal Lane City State Zip Code West Sacramento 95691 CA Outstanding Balance Beginning This Period Transaction ID: PAYD375 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 62.50 0.00 62.50 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting for Field Program; 10/1 - 10/15 Wagaman Strategies Mailing Address 886 Metal Lane Zip Code City State West Sacramento 95691 CA Transaction ID: PAYD376 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 62 50 62.50 125.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 32 OF
FOR LINE NUMBER:
(check only one)

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AME OF COMMITTEE (In Full) Protecting Choice in California, a pro	eject of Planned Parenthood A	Affiliates of California	
A. Full Name (Last, First, Middle Initial) of Debto Wagaman Strategies	Nature of Debt (Purpose): Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID		
Mailing Address 886 Metal Lane	#C90007311)		
City State	Zip Code		
West Sacramento	CA 95691		
Outstanding Balance Beginning This Period 0.00	Power of This Post of	Transaction ID : PAYD591	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
156.25	0.00	156.25	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):	
Wagaman Strategies		Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Mailing Address 886 Metal Lane		GGGGGG	
City State	Zip Code		
West Sacramento	CA 95691		
Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD592	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
250.00	0.00	250.00	
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose): Campaign Consulting; 9/1-9/30	
Mailing Address 1570 Prospect Avenue			
City Hermosa Beach	State Zip Code CA 90254		
Outstanding Balance Beginning This Period		Transaction ID : PAYD116	
312.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	312.50	0.00	
SUBTOTALS This Period This Page (optional)	>	406.25	
) TOTALS This Period (last page this line number	only)		
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 33
FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting; 9/1-9/30 James Wisley Mailing Address 1570 Prospect Avenue State Zip Code Hermosa Beach 90254 Transaction ID: PAYD129 Outstanding Balance Beginning This Period 312.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 312.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned James Wisley Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 1570 Prospect Avenue City State Zip Code Hermosa Beach 90254 CA Outstanding Balance Beginning This Period Transaction ID: PAYD593 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 1) SUBTOTALS This Period This Page (optional)..... 32892.68 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 32892.68 ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 34 OF 59 FOR LINE 24 OF FORM 3X

				FOR LINE 24	4 OF FORM 3X	
	AME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood					
	Protecting Choice in California, a project of Planned Parenthood Affiliates of California					
Check if	24-hour report 48-hour report New rep	port Amends repor	t filed on	M = M / D = D /	Y Y Y	
	lame of Payee		Dat	te of Public Distribution/[Dissemination	
	S Communications, Inc.			10 / 03 /	2014	
IVIAIIII	ng Address 500 Sansome Street, Suite 404		Am	ount		
City	State	Zip Code			5055.00	
San F	Francisco CA	94111		saction ID : EDTEALC1 te of Disbursement or O	-	
Purpo Maile	ose of Expenditure er	Category/ Type 24A		10 03	2014	
Name	of Federal Candidate	Support	Office Sou	ıght: X House [District:26	
Jeff C	Gorell	X Oppose		sident Senate	State: CA	
	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disbursem 2014		X General	
-				Other (specify)		
	Name of Payee IS Communications, Inc.		Dat	te of Public Distribution/I	Y . Y . Y . Y	
Mailir	ng Address 500 Sansome Street, Suite 404		Am	10 03	2014	
City	State	Zip Code			10110.00	
1	Francisco CA	94111		saction ID : EDTEALC1 te of Disbursement or O		
Purpo Maile	ose of Expenditure er	Category/ Type 24E		10 03	2014	
Name	e of Federal Candidate	X Support	Office Sou	ıght: X House [District: 26	
Julia	Brownley	Oppose		sident Senate	State: CA	
	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disbursem 2014	nent For: Primary Other (specify) ▶	General	
(a) SU	IBTOTAL of Itemized Independent Expenditures		-		15165.00	
(b) SU	IBTOTAL of Unitemized Independent Expenditures		•			
(c) TO	TAL Independent Expenditures		•			
with, o	penalty of perjury I certify that the independent expenditures r at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.					
	Kathleen Cogan [Electron	nically Filed] Date	12	/ DD / Y Y Y 2014	Y	
Sig	nature					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	35	OF	59
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X							
NAME OF COMMITTEE (In Full) Protecting Chains in California a project of Planned Parentheed								
Protecting Choice in California, a project of Planned Parenthood Affiliates of California	C C00556860							
Check if 24-hour report 48-hour report New report Amends report	rt filed on							
Full Name of Payee	Date of Public Distribution/Dissemination							
AMS Communications, Inc.	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Mailing Address 500 Sansome Street, Suite 404	Amount							
City State Zip Code	15165.00							
San Francisco CA 94111	Transaction ID : PDTE71 Date of Disbursement or Obligation							
Purpose of Expenditure Mailer Category/ Type 24E	09 30 / 2014							
Name of Federal Candidate Support	Office Sought: House District:26							
Julia Brownley Oppose	President Senate State: CA							
Calendar Year-To-Date Per Election for Office Sought 136148.92	Disbursement For: Primary General 2014 Cher (exceits)							
Full Name of Payee	Other (specify) ▶							
AMS Communications, Inc.	Date of Public Distribution/Dissemination							
Mailing Address 500 Sansome Street, Suite 404	10 14 2014 Amount							
City State Zip Code	7582.50							
San Francisco CA 94111	Transaction ID : PDTE42 Date of Disbursement or Obligation							
Purpose of Expenditure Mailer Category/ Type 24E	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Name of Federal Candidate Support	Office Sought: X House District: 26							
Julia Brownley Oppose	President Senate State: CA							
Calendar Year-To-Date Per Election for Office Sought 136148.92	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶							
(a) SUBTOTAL of Itemized Independent Expenditures	22747.50							
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures	>							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Kathleen Cogan [Electronically Filed] Date 12 02 2014								
Signature								

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	36	OF	59
FOR I	INE 24	OF	FORM 3X

				FOR LINE 2	4 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼								
	liates of California		C C00556860					
Check	x if 24-hour report 48-hour report New report	ort Amends repo		M = M / D = D /	Y = Y = Y = Y			
	III Name of Payee	Date	Date of Public Distribution/Dissemination					
	AMS Communications, Inc.		10 14 2014					
IM	ailing Address 500 Sansome Street, Suite 404	Amou	Amount					
С	ity State	-	7582.50					
S	an Francisco CA	94111		Transaction ID : PDTE43 Date of Disbursement or Obligation				
	urpose of Expenditure failer	Category/ Type 24A		10 07	2014			
N	ame of Federal Candidate	Support	Office Sough	ht: X House	District: 26			
J	eff Gorell	X Oppose	Presid		State: CA			
	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disbursemen 2014	,	X General			
	III Name of Payer			Other (specify)	D::			
	ull Name of Payee Blueprint Interactive			of Public Distribution/	V Y Y Y Y Y Y 2014			
N	lailing Address 1155 Connecticut Avenue, NW		Amou		2014			
	Suite 601		7	u				
	ity State	Zip Code	يسال ا		6000.00			
__\	Vashington DC	20036		action ID : EDTEALCO of Disbursement or C				
_	urpose of Expenditure Online Ads	Category/ Type 24A] [10 05	2014			
N	ame of Federal Candidate	Support	Office Soug	ht: X House	District:26			
J	eff Gorell	X Oppose	Presid		State: CA			
	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disbursement 2014	nt For: Primary Other (specify) ▶	K General			
(a)	SUBTOTAL of Itemized Independent Expenditures		.		13582.50			
(b)	SUBTOTAL of Unitemized Independent Expenditures							
				7				
(c)	TOTAL Independent Expenditures		•					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	Kathleen Cogan [Electroni	ically Filed] Date	M M /	02 / 201				
Signature								

PAGE	37 LINE 24	OF	59
FOR I	LINE 24	OF FO	DRM 3X

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) Protecting Chains in Colifornia a project of Diagnord Departs and					
Protecting Choice in California, a project of Planned Parenthood Affiliates of California	C C00556860				
	M = M / D = D / Y = Y = Y				
Check if 24-hour report 48-hour report New report Amends report file					
Full Name of Payee Blueprint Interactive	Date of Public Distribution/Dissemination				
	10 05 2014				
Mailing Address 1155 Connecticut Avenue, NW	Amount				
Suite 601	2000.00				
City State Zip Code Washington DC 20036	6000.00 Transaction ID : EDTEALC7				
	Date of Disbursement or Obligation				
Purpose of Expenditure Online Ads Category/ Type 24E	10 05 Y Y Y Y Y Y				
Name of Federal Candidate Support Off	fice Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
400440.00	sbursement For: Primary X General				
Per Election for Office Sought 136148.92 201	Other (specify)				
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
	09 01 2014				
Mailing Address 555 Capitol Mall, Suite 510	Amount				
City State Zip Code	9396.20				
Sacramento CA 95814	Transaction ID : PDTE39 Date of Disbursement or Obligation				
Purpose of Expenditure Research; 9/1 - 9/30 Category/ Time 24A	M M / D D / Y Y Y Y				
Type 24A	09 01 2014				
Name of Federal Candidate Support Off	fice Sought: X House District: 26				
Jeff Gorell Oppose	President Senate State: CA				
	sbursement For: Primary General				
	Other (specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures	15396.20				
	7				
(b) SUBTOTAL of Unitemized Independent Expenditures	4				
(a) TOTAL Independent Europalitures					
(c) TOTAL Independent Expenditures	7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.					
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

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: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SE Transaction ID: PDTE39

Payment for independent expenditure disseminated in prior period

Form/Schedule: Transaction ID:

PAGE	39	OF	59 DRM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER 1					
Affiliates of California	C C00556860				
Check if 24-hour report 48-hour report New report Amends report	rt filed on				
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
	09 / 01 / 2014				
Mailing Address 555 Capitol Mall, Suite 510	Amount				
City State Zip Code	481.47				
Sacramento CA 95814	Transaction ID : PDTE14 Date of Disbursement or Obligation				
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30 Category/ Type 24E	09 01 2014				
Name of Federal Candidate Support	Office Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought 136148.92	Disbursement For: Primary General				
Tel Election for Office Sought	Other (specify) ▶				
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
Mailing Address 555 Capitol Mall, Suite 510	09 01 2014 Amount				
City State Zip Code	1019.99				
Sacramento CA 95814	Transaction ID : PDTE15 Date of Disbursement or Obligation				
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30 Category/ Type 24E	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support	Office Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought 136148.92	Disbursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures	1501.46				
(b) SUBTOTAL of Unitemized Independent Expenditures	•				
(c) TOTAL Independent Expenditures	•				
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.					
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

1mage# 14952953009 PAGE 40 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE14

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE15

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FOR I	LINE 24	OF	FORM 3X	

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼					
Affiliates of California	C C00556860				
Check if 24-hour report 48-hour report New report	Amends report filed on				
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
Mailing Address	09 / 01 / 2014				
555 Capitol Mall, Suite 510	Amount				
City State Zip 0	Code 62.68				
Sacramento CA 958	14 Transaction ID : PDTE17 Date of Disbursement or Obligation				
Purpose of Expenditure Internet for Field Office; 9/1-9/30 Cat	tegory/ Type 24E 09 01 2014				
Name of Federal Candidate	Support Office Sought: House District: 26				
Julia Brownley	Oppose President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Planned Parenthood Affiliates of California	09 01 2014				
Mailing Address 555 Capitol Mall, Suite 510	Amount				
City State Zip	Code 509.49				
Sacramento CA 958	Transaction ID : PDTE20 Date of Disbursement or Obligation				
Purpose of Expenditure Supplies for Field Office; 9/1-9/30 Cat	tegory/ Type 24E 09 01 2014				
Name of Federal Candidate	Support Office Sought: House District: 26				
Julia Brownley	Oppose President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	572.17				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·				
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com party committee) any political party committee or its agent.					
Kathleen Cogan [Electronically	Filed] Date 12 02 2014				
Signature					

1mage# 14952953011 PAGE 42 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE17

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE20

PAGE	43	OF	59
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER					
Affiliates of California	C C00556860				
Check if 24-hour report 48-hour report New repo	ort Amends report	filed on M M / D D / Y Y Y Y Y			
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination			
		09 01 2014			
Mailing Address 555 Capitol Mall, Suite 510		Amount			
City State	Zip Code	19.80			
Sacramento CA	95814	Transaction ID : PDTE41 Date of Disbursement or Obligation			
Purpose of Expenditure Online Voter Guide; 9/1 - 9/30	Category/ Type 24E	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support	Office Sought: X House District: 26			
Julia Brownley	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General			
Full Name of Payer		Other (specify)			
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination 09 01 2014			
Mailing Address 555 Capitol Mall, Suite 510		Amount			
City State	Zip Code	481.46			
Sacramento CA	95814	Transaction ID : PDTE25 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30	Category/ Type 24A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: X House District: 26			
Jeff Gorell	X Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		501.26			
(b) SUBTOTAL of Unitemized Independent Expenditures		•			
(c) TOTAL Independent Expenditures		•			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
Kathleen Cogan [Electronic	cally Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

1mage# 14952953013 PAGE 44 / 59

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE Transaction ID: PDTE41

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE25

PAGE	45	OF	59 ORM 3X
FOR	LINE 24	OF F	ORM 3X

							FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						ON NUMBER ▼		
Affiliates of California						C	C00556860	
Check if 24	-hour report 48-hour r	eport New repo	ort Am	nends repo	ort filed o	on M = M	/ D D /	Y = Y = Y = Y
Full Name of	^{f Payee} Parenthood Affiliates of	California				Date of Po	ublic Distribution/	'Dissemination
		Camorria				09	01	2014
Mailing Add	555 Capitol Mall, Suite 5	10				Amount		
City		State	Zip Code					1019.98
Sacramento		CA	95814				n ID : PDTE26 isbursement or C	Obligation
Purpose of Staff Time a	Expenditure nd Travel for Field Program; 9	/1-9/30	Category/ Type	24A		09	01	2014
Name of Fe	deral Candidate			Support	Office	Sought:	X House	District: 26
Jeff Gorell			\times	Oppose	F	President	Senate	State: CA
	ar Year-To-Date ction for Office Sought		136148.92	2	Disburs 2014	Sement Fo	r: Primary (specify) ▶	General
Full Name of	of Payee						ublic Distribution	/Dissemination
	Parenthood Affiliates	s of California				M N 09		2014
Mailing Add	ress 555 Capitol Mall, Suite 5	510				Amount		
City		State	Zip Code					509.48
Sacramento		CA	95814		Т		n ID : PDTE27 isbursement or (Obligation
Purpose of Supplies for	Expenditure Field Office; 9/1-9/30		Category/ Type	24A		09	/ 01 /	2014
Name of Fe	deral Candidate			Support	Office	Sought:	X House	District: 26
Jeff Gorell			X	Oppose		President	Senate	State: CA
	ar Year-To-Date oction for Office Sought		136148.9	2	Disbur 2014	sement Fo	r: Primary (specify) •	General
(a) SUBTOTA	AL of Itemized Independent E	xpenditures						1529.46
(b) SUBTOTA	AL of Unitemized Independer	t Expenditures						
							7 1 7	
(c) TOTAL Ir	dependent Expenditures				·· •		7	
with, or at the	of perjury I certify that the e request or suggestion of, a ee) any political party commi	ny candidate or authorized						
	Kathleen Cogan	[Electron	ically Filed]	Date	, M	M / D	2 201	
Signature			_	2410				

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE26

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE27

PAGE	47	OF	59	
FOR I	INE 24	OF	FORM 3X	

			FOR LINE 24 OF FORM 3X			
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER The state of the project of Planned Parenthood					
	Affiliates of California C coo556860					
Check	if 24-hour report 48-hour report New rep	ort Amends report	t filed on M M / D D / Y Y Y Y			
Ful	Name of Payee anned Parenthood Affiliates of California		Date of Public Distribution/Dissemination			
			09 01 2014			
IVIa	iling Address 555 Capitol Mall, Suite 510		Amount			
City	y State	Zip Code	62.69			
Sa	cramento CA	95814	Transaction ID : PDTE29 Date of Disbursement or Obligation			
	rpose of Expenditure ernet for Field Office; 9/1-9/30	Category/ Type 24A	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Na	me of Federal Candidate	Support	Office Sought: House District: 26			
Jef	if Gorell	Oppose	President Senate State: CA			
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General			
\vdash			Other (specify)			
	Name of Payee Nanned Parenthood Affiliates of California		Date of Public Distribution/Dissemination			
Ma	illing Address 555 Capitol Mall, Suite 510		09 01 2014 Amount			
			Amount			
Cit	•	Zip Code	9396.20			
Sa	acramento CA	95814	Transaction ID : PDTE40 Date of Disbursement or Obligation			
	rpose of Expenditure esearch; 9/1 - 9/30	Category/ Type 24E	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Na	me of Federal Candidate	Support	Office Sought: X House District: 26			
Ju	lia Brownley	Oppose	President Senate State: CA			
	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a)	SUBTOTAL of Itemized Independent Expenditures		9458.89			
			7 7 7			
(b)	SUBTOTAL of Unitemized Independent Expenditures		>			
(c)	TOTAL Independent Expenditures)			
with,	er penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.					
	Kathleen Cogan [Electron	nically Filed] Date	12 02 2014			
S	Signature					

1mage# 14952953017 PAGE 48 / 59

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE Transaction ID: PDTE29

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE40

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FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
Affiliates of California						
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y					
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination					
[MEMO ITEM]	10 01 7 2014					
Mailing Address 555 Capitol Mall, Suite 510	Amount					
City State Zip Code	54.14					
Sacramento CA 95814	Transaction ID : PDTE44 Date of Disbursement or Obligation					
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15 Category/ Type 24E	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Offic	ce Sought: X House District: 26					
Julia Brownley Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary X General					
Tel Election for Office Sought	Other (specify) ▶					
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination					
[MEMO ITEM] Mailing Address 555 Operital Mail Courts 540	10 01 2014					
555 Capitol Mall, Suite 510	Amount					
City State Zip Code	54.14					
Sacramento CA 95814	Transaction ID : PDTE45 Date of Disbursement or Obligation					
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15 Category/ Type 24A	10 01 2014					
Name of Federal Candidate Support Office	ce Sought: House District:26					
Jeff Gorell Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary					
(a) SUBTOTAL of Itemized Independent Expenditures	0.00					
	7 7 7					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.						
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

PAGE	50	OF	59			
FOR L	INE 24	OF F	ORM 3X			
ENTIFICATION NUMBER ▼						

	FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parentheed FEC IDENTIFICATION NUMBER ▼						
Protecting Choice in California, a project of Planned Parenthood Affiliates of California						
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay					
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination					
[MEMO ITEM]	M 10 / D 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 555 Capitol Mall, Suite 510	Amount					
City State Zip Code	62.68					
Sacramento CA 95814	Transaction ID : PDTE46 Date of Disbursement or Obligation					
Purpose of Expenditure Internet for Field Office; 10/1 - 10/15 Category/ Type 24A	10 01 2014					
Name of Federal Candidate Support Offi	ice Sought: X House District: 26					
Jeff Gorell Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Dis 201						
	Other (specify) ▶					
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination					
[MEMO ITEM] Mailing Address 555 Capitol Mall, Suite 510	10 01 2014					
333 Capitol Wall, Guite 310	Amount					
City State Zip Code	62.69					
Sacramento CA 95814	Transaction ID: PDTE47 Date of Disbursement or Obligation					
Purpose of Expenditure Internet for Field Office; 10/1 - 10/15 Category/ Type 24E	M 10 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Off	ice Sought: X House District: 26					
Julia Brownley Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary ⊠ General Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	0.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.						
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

PAGE	51	OF	59 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
Affiliates of California	C C00556860					
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y					
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination					
[MEMO ITEM]	10 01 2014					
Mailing Address 555 Capitol Mall, Suite 510	Amount					
City State Zip Code	1624.95					
Sacramento CA 95814	Transaction ID : PDTE48 Date of Disbursement or Obligation					
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15 Category/ Type 24A	10 D D / Y Y Y Y Y Y 2014					
Name of Federal Candidate Support Office	ce Sought: X House District: 26					
Jeff Gorell Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Disb	oursement For: Primary X General Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination 10 01 2014					
Mailing Address 555 Capitol Mall, Suite 510	Amount					
City State Zip Code	1624.95					
Sacramento CA 95814	Transaction ID : PDTE49 Date of Disbursement or Obligation					
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15 Category/ Type 24E	10 01 2014					
Name of Federal Candidate Support Office	ce Sought: House District:26					
Julia Brownley Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary					
(a) SUBTOTAL of Itemized Independent Expenditures	0.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	117117117					
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.						
Kathleen Cogan [Electronically Filed] Date	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

PAGE	52	OF	59			
FOR L	INE 24	OF FO	DRM 3X	П		
ENTIFICATION NUMBER ▼						
ENTIFI	CATIO	N NUM	BER ▼			

	FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
Affiliates of California C C00556860						
Check if 24-hour report 48-hour report New report Amends report	t filed on					
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination					
_ [MEMO ITEM]	10 01 7 2014					
Mailing Address 555 Capitol Mall, Suite 510	Amount					
City State Zip Code	1224.79					
Sacramento CA 95814	Transaction ID: PDTE50 Date of Disbursement or Obligation					
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/15 Category/ Type 24A	10 01 2014					
Name of Federal Candidate Support	Office Sought: House District: 26					
Jeff Gorell Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary					
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM] Mailing Address 555 Capitol Mall, Suite 510	Date of Public Distribution/Dissemination 10 01 Amount					
City State Zip Code	1224.80					
Sacramento CA 95814	Transaction ID : PDTE51 Date of Disbursement or Obligation					
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/15 Category/ Type 24E	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support	Office Sought: X House District: 26					
Julia Brownley Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought 136148.92	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	0.00					
(b) SUBTOTAL of Unitemized Independent Expenditures	·					
(c) TOTAL Independent Expenditures	>					
Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.						
Kathleen Cogan [Electronically Filed] Date	12 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

PAGE FOR L		OF 1 OF FO	59 DRM 3X			
DENTIFICATION NUMBER ▼						

				FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼					
Affiliates of California	project of Plani	ned Parenthood	1	C C00556860	
Check if 24-hour report 48-hour report	rt New rep	ort Amends repo		M / D = D /	Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution	n/Dissemination
Planned Parenthood Affiliates of Ca [MEMO ITEM]	alirornia		M	10 / D D D 01	2014
Mailing Address 555 Capitol Mall, Suite 510			Amou	nt	
City	State	Zip Code	— [9.90
Sacramento	CA	95814		ction ID : PDTE52 of Disbursement or	Obligation
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15		Category/ Type 24A	M	10 01	2014
Name of Federal Candidate		Support	Office Sough	it: X House	District: 26
Jeff Gorell		Oppose	Preside	ent Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		136148.92	Disbursemen 2014		y X General
			0	ther (specify) -	
Full Name of Payee Planned Parenthood Affiliates o [MEMO ITEM]	f California			of Public Distributio	n/Dissemination
Mailing Address 555 Capitol Mall, Suite 510			Amou	لنا لنا	2014
City	State	Zip Code			9.90
Sacramento	CA	95814		of Disbursement or	Obligation
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15		Category/ Type 24E		10 01	2014
Name of Federal Candidate		Support	Office Sough	nt: X House	District: 26
Julia Brownley		Oppose	Preside	ent Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		136148.92	Disbursemen 2014	nt For: Prima	ry X General
(a) SUBTOTAL of Itemized Independent Experience	enditures		•	7	0.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •	7	
(c) TOTAL Independent Expenditures			· •		
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized				
Kathleen Cogan	[Electron	ically Filed] Date	12	02 / 20	14 Y
Signature					

PAGE	54	OF	59 ORM 3X
FOR L	INE 24	OF F	ORM 3X

				FOR LINE 2	24 OF FORM 3X		
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼						
Affi	Affiliates of California						
Chec	Check if 24-hour report 48-hour report New report Amends report filed on						
	ull Name of Payee Political Data, Inc.		Date	e of Public Distribution	/Dissemination		
	Address		[10 / 07 /	2014		
l v	P.O. Box 59570		Amo	ount			
C	State State	Zip Code			1093.75		
	lorwalk CA	90652		action ID : EDTEALC e of Disbursement or 0			
	Purpose of Expenditure Data List for Mailer.	Category/ Type 24E		10 / 07	2014		
Ν	lame of Federal Candidate	X Support	Office Soug	ght: X House	District: 26		
J	lulia Brownley	Oppose	Presi		State: CA		
ı	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disburseme 2014	ent For: Primary Other (specify) ▶	General		
- -	full Name of Payee				/Discomination		
	Political Data, Inc.		Date	e of Public Distribution	7Dissemination 2014		
N	Mailing Address P.O. Box 59570		Amo				
	Dity State	Zip Code			1093.75		
	Norwalk CA	90652	I	saction ID : EDTEALO e of Disbursement or 0			
	Purpose of Expenditure Data List for Mailer	Category/ Type 24A		10 07	2014		
N	lame of Federal Candidate	Support	Office Sou	ght: X House	District: 26		
	Jeff Gorell	∑ Oppose	Presi		State: CA		
	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disburseme 2014	ent For: Primary Other (specify) ▶	/ Kaneral		
(a)	SUBTOTAL of Itemized Independent Expenditures		. [2187.50		
(b)	SUBTOTAL of Unitemized Independent Expenditures		• [
(c)	TOTAL Independent Expenditures		· [
wit	der penalty of perjury I certify that the independent expenditures h, or at the request or suggestion of, any candidate or authorized rty committee) any political party committee or its agent.						
	Kathleen Cogan [Electroni	ically Filed]	M M M	02 / Y Y Y 201	Y Y 4		
	Signature	Date	12	201			

	PAGE 55 OF 59 FOR LINE 24 OF FORM 3X			
) IC	DENTIFICATION NUMBER ▼			
	C00556860			
] ′	D D / Y Y Y Y			
ublio	Distribution/Dissemination			
_ ′	01 / 2014			
	46.88 9 : PDTE18			
sbursement or Obligation				
	01			
>	House District: 26			
	Senate State: CA			

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report				
Full Name of Payee	Date of Public Distribution/Dissemination			
Wagaman Strategies	09 01 / 2014			
Mailing Address 886 Metal Lane	Amount			
City State Zip Code	46.88			
West Sacramento CA 95691	Transaction ID : PDTE18 Date of Disbursement or Obligation			
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30 Category/ Type 24E	09 01 7 2014			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disb				
	Other (specify)			
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination 09 01 2014			
Mailing Address 886 Metal Lane	09 01 2014 Amount			
City State Zip Code	46.87			
West Sacramento CA 95691	Transaction ID: PDTE30 Date of Disbursement or Obligation			
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30 Category/ Type 24A	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify) ▶			
	Juiet (opecity) F			
(a) SUBTOTAL of Itemized Independent Expenditures	93.75			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

1mage# 14952953025 PAGE 56 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE18

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE30

PAGE	57	OF	59	
FOR L	INE 24	OF	FORM	ЗХ

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protection Of Sign in Colifornia a provinct of Diagram I Deposit of Sign in Colifornia and Sign in Coliforn				
Protecting Choice in California, a project of Planned Parenthood Affiliates of California				
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
Wagaman Strategies [MEMO ITEM]	10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 886 Metal Lane	Amount			
City State Zip Code	62.50			
West Sacramento CA 95691	Transaction ID : PDTE55 Date of Disbursement or Obligation			
Purpose of Expenditure Consulting for Field Program; 10/1 - 10/15 Category/ Type 24A	10 01 / 2014			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disb 2014				
	Other (specify) ►			
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination			
[MEMO ITEM] Mailing Address	10 01 2014			
886 Metal Lane	Amount			
City State Zip Code	62.50			
West Sacramento CA 95691	Transaction ID : PDTE56 Date of Disbursement or Obligation			
Purpose of Expenditure Consulting for Field Program; 10/1 - 10/15 Category/ Type 24E	10 01 2014			
Name of Federal Candidate Support Offic	ce Sought: X House District:26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Dist 201-	oursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

PAGE	58	OF	59
FOR L	INE 24	OF FO	ORM 3X

				FOR LINE 24 OF FORM 3X	
	NAME OF COMMITTEE (In Full) Protection (Chains in Colifornia a president of Plantard Parenth and				
	Protecting Choice in California, a project of Planned Parenthood Affiliates of California				
Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y					
	Full Name of Payee		Da	ate of Public Distribution/Dissemination	
L	James Wisley			09 01 7 2014	
ľ	Mailing Address 1570 Prospect Avenue		Ar	mount	
(Dity State 2	Zip Code		312.50	
ŀ	Hermosa Beach CA	90254		nsaction ID : PDTE19 ate of Disbursement or Obligation	
	Purpose of Expenditure Campaign Consulting; 9/1-9/30	Category/ Type 24E		09 01 / 2014	
1	Name of Federal Candidate	X Support	Office Sc	ought: X House District:26	
Ŀ	Julia Brownley	Oppose	Pre	esident Senate State: CA	
ı	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disburser	ment For: Primary X General	
-				Other (specify) ►	
	Full Name of Payee James Wisley		D	ate of Public Distribution/Dissemination	
	Mailing Address 1570 Prospect Avenue		A	09 01 2014 mount	
-	City State	Zip Code	— г	312.50	
	Hermosa Beach CA	90254		insaction ID : PDTE31 ate of Disbursement or Obligation	
	Purpose of Expenditure Campaign Consulting; 9/1-9/30	Category/ Type 24A		09 01 2014	
Ī	Name of Federal Candidate	Support	Office So	ought: X House District: 26	
	Jeff Gorell	X Oppose	Pre	esident Senate State: CA	
	Calendar Year-To-Date Per Election for Office Sought	136148.92	Disburse 2014	ment For:	
(a) SUBTOTAL of Itemized Independent Expenditures		. [625.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(0) TOTAL Independent Expenditures		•	83360.69	
wi	nder penalty of perjury I certify that the independent expenditures of the request or suggestion of, any candidate or authorized urty committee) any political party committee or its agent.				
	Kathleen Cogan [Electronic	cally Filed] Date	M M M	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature				

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE19

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE31